

National Institutes of Health

RIDEFINDERS NETWORK APPLICATION

carpool, vanpool and public transit

Instructions

1. Complete this form.
2. Return this form to the ETSO, Division of Security Operations, Bldg. 31, Room B3B08.
3. If you have any questions, please call the ETSO at 402-RIDE (7433).

Name *(last, first, middle initial)* _____

Home Address *(number/street, apartment, city, state, zip, county)* *(will be kept confidential)* _____

Home Phone *(with area code)* _____

Work Phone _____

Work Address

NIH: Building/Room _____ ICD *(Institute, Center, or Division)* _____

Other agency name and address: _____

Work Hours

Arrival time _____

Leave work at _____

How much flexibility do you have with these hours?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 60 or more minutes
earlier or later |
| <input type="checkbox"/> 15 minutes earlier or later | |
| <input type="checkbox"/> 30 minutes earlier or later | |

Check all transportation options which interest you:

Carpool: Driver Share Driving Rider

Vanpool: Driver Share Driving Rider

How do you usually travel to work? *(check one)*

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Vanpool | <input type="checkbox"/> Ride-On or Metro Bus |
| <input type="checkbox"/> Carpool | <input type="checkbox"/> Metrorail | <input type="checkbox"/> Other _____ |

Describe alternative pick-up locations, if any. *(Indicate places other than your home where you could meet other poolers. Give intersection, subdivision, Park & Ride, county.)*

Would you like bus or Metrorail information?

Yes No

Privacy Act Notice: NIH maintains records of employees participating in the Federal Facility Ridesharing Program as a part of the System of Records: 09-90-20023 Departmental Parking Control Policy and Records Systems. HHS/OS/ASMB/OFE. The information requested on this form is voluntary, however only complete applications can be processed into the Ridefinders Network.

The NIH will use this information as follows: (1) This form is used to register employees in the Ridefinders Network. NIH will access the Metropolitan Washington Council of Governments' Ridefinders Computer Network and generate a ridematch list containing work locations, duty hours and telephone numbers of potential rideshare partners. Participants may be contacted by the Council of Governments for survey information on the effectiveness of the Network and for updating information. (2) The information may be disclosed to a congressional office at your request. It may also be disclosed to the Department of Justice, if needed to enable DHHS to present an effective defense in the event that the Department becomes involved in litigation.

All applicants must sign the following statement:

I authorize the National Institutes of Health: 1) to disclose the information on this application to the Metropolitan Washington Council of Governments' Ridefinders Network for the purpose of identifying potential rideshare partners, and 2) to track and monitor employee participation in the Program.

Signature

Date